

PUBLIC VOUCHER FOR PURCHASES
SERVICES OTHER THAN PERSONAL

D. O. Vou. No.

Bu. Vou. No.

2470

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No.

To

(Payee)

PAID BY

Encl #2

DPD-3769-59

COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$682.	46
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>				Total		\$682.	46
Shipped from		to	Weight	Government B/L No.			
I certify that the above bill is correct and just and that payment has not been received. (Sign original only)				(Payee must NOT use this space) Differences			
Date 5-26-59				Amount verified; correct for		\$ 682 46	
Per				(Signature or initials) ER			
Contract No.		Req. No.		Date		Invoice Rec'd.	

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$

† (Authorized Certifying Officer)

By

SIGN
ORIGINAL
ONLY

Title

Title

Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____ (Sign original only)

* When a voucher is signed or rec'd in the name of a company or corporation, the name of the person writing the company or corporation must be given, as well as the name of the person, as the case may be, "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title

STATOTHR

SUPP# SUPPLIER NAME
1860 LYON AIRCRAFT SERV

NO DY CHECK# INVOICE P O ACCT ODC MJO SO WK ORDR
27137 5M1720 12494 12501 1 5044 02

WRLY PURCH DIST 5/17/59

AMOUNT BATCH TR M D Y

12506 73 0 5 15 9

12506 *

12506 **

12506 ***

595-111 K 12420

WEEKLY PURCH DIST 5/17/59

SUPP#	SUPPLIER NAME	MO. DY	CHECK#	INVOICE	P.O.	ACCT	ODC	MO	50	WK	ORDR	AMOUNT	BATCH	TR	M	D	Y	
214	SERVOMECHANISMS IN		27002	3134	12281	12501	1	5068	02			3700		70	0	5	14	9
												3700	*					

3700 **
3700 ***
